

AGE 2 6 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Randolph  
Township Sugar Creek  
City Liberia (No. , , )

Registration District No. 735  
Primary Registration District No. 5970

24148

File No. 138  
Registered No. 138  
St. , Ward

2. FULL NAME

Pearl Esry.

(a) Residence, No. , St. , Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1908  
7. AGE YEARS 24 MONTHS II DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo

13. NAME Dave Esry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo

15. MAIDEN NAME Annie Krebbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo

17. INFORMANT Dave Esry (ADDRESS) Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sugar Creek DATE July 8 1933

19. UNDERTAKER Joe W Burton (ADDRESS) Higbee Mo

20. FILED 7/17 1933 Thos S Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/ 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1933, to July 6/ 1933

I last saw him alive on July 6/ 1933. Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis  
lung  
25A  
7/5  
Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Thos S Fleming M. D.

(Address) Moberly, Mo

